

RAILROAD RETIREMENT VERIFICATION

DATE: _____ RE: _____

TO: _____

Railroad Retirement Board Claim Number: _____

Social Security Number: _____

I do hereby authorize the Railroad Retirement Board to furnish to the _____

_____ the following information.

Project Name

Signature of Applicant/Tenant _____ Date _____

Gross Amount of Pension: \$ _____

Effective Date: \$ _____

Comments: _____

Signature of Authorized Railroad Retirement Official

Title

Date: _____